

215047689
70195

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 58	Agency Case No. B5-107328	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1				
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 11/17/2015		(In Military Time) TIME OF ACCIDENT 1452	STATE USE ONLY					
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1454	11/17/2015					
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S 48th St / Glade to Normal Blvd			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE				
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE					
D	IF AT INTERSECTION			IF NOT AT INTERSECTION						
1	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING					
V1/M	83.00			X	Glade					
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
01	MILES N S E W AND MILES N S E W			OF NEAREST CITY OR TOWN						
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
1	VEHICLE NO. 1									
F	DRIVER LICENSE NO.	H12093803			STATE (Of License) NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE				
V1/N	DRIVER	KYLE D HOAGLAND			PHONE 402-580-9203	LOCAL NO.				
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP 1007 TWIN RIDGE RD, LINCOLN, NE 68510			DATE OF BIRTH (MM / DD / YYYY) 04/24/1951	V1/1 18				
1	OWNER	KYLE D HOAGLAND			PHONE 402-580-9203	LOCAL NO. V1/2				
G	OWNER ADDRESS	CITY, STATE, ZIP 1007 TWIN RIDGE RD, LINCOLN, NE 68510			CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB488633 V1/3				
H	LICENSE PLATE PA NO.	SKM186			YEAR (Plate Expires) 2015	STATE (Of Plate) NE V1/4				
V1/O	VEHICLE	YEAR 2011	MAKE Honda	MODEL CR-V	BODY STYLE Compact Utility	COLOR blue ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 3500 V1/5				
3	VEHICLE ID NO. (VIN)	JHLRE4H43BC031108			INSURANCE COMPANY PROGRESSIVE	18 V1/6				
V2/O	TOWED TO	CITY LOT			TOWED BY CAPITAL TOWING	POLICY NO. 907106766 35				
I	VEHICLE NO. 2									
1	DRIVER LICENSE NO.	H12360452			STATE (Of License) NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE				
V1/P	DRIVER	SARAH E LANIK-FRAIN			PHONE 402-570-9994	LOCAL NO.				
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP 3400 FRANKLIN ST, LINCOLN, NE 68506			DATE OF BIRTH (MM / DD / YYYY) 11/05/1979	V2/1 18				
1	OWNER	MICHAEL A FRAIN / SARAH E LANIK-FAIN			PHONE 402-570-9994	LOCAL NO. V2/2				
J	OWNER ADDRESS	CITY, STATE, ZIP 3400 FRANKLIN ST, LINCOLN, NE 68506			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO. V2/3				
V1/Q	LICENSE PLATE PA NO.	TWJ065			YEAR (Plate Expires) 2016	STATE (Of Plate) NE V2/4				
V2/Q	VEHICLE	YEAR 2008	MAKE Chevrolet	MODEL Impala	BODY STYLE 4 door Sedan	COLOR white ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2500 V2/5				
4	VEHICLE ID NO. (VIN)	2G1WB58N389234399			INSURANCE COMPANY FARM BUREAU	18 V2/6				
K	TOWED TO				TOWED BY	POLICY NO. 0000000007998602 35				
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)				
VEH. #	NAME	ADDRESS			1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.				
VEH. #	NAME	ADDRESS								
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.				
VEH. #	NAME	ADDRESS								
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.				

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-107328



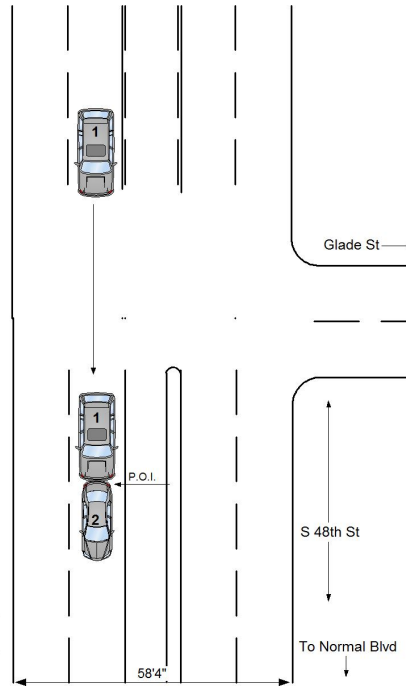
Indicate
North
by Arrow



APOL-
85'4" S of S curb of Glade St
16'6" E of W curb of S 48th St

No Skids

Not To Scale



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver #2 stated she was stopped on S 48th St in the SB, inside lane between Glade and Normal Blvd waiting for the traffic light at Normal Blvd to change from red to green for NB and SB traffic when Veh #1 collided with the rear of her vehicle. Driver #1 stated he was traveling SB on S 48th St between Glade and Normal Blvd. Driver #1 said when he realized traffic was stopped in front of him, he attempted to avoid the collision by braking, but could not get stopped in time.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	(Enter numbers for each vehicle)													
1		X			S 48TH ST														
2		X			S 48TH ST														
1	01				06 Turning left														
2	11				08 Entering traffic lane														
					01 Essentially straight ahead														
					02 Backing														
					03 Changing lanes														
					04 Overtaking/Passing														
					05 Turning right														
					09 Leaving traffic lane														
					10 Parked														
					11 Slowing or stopped in traffic														
					12 Other														
					13 Unknown														

VEHICLE 1		VEHICLE 2	
POINT OF IMPACT	01	POINT OF IMPACT	05
MOST DAMAGED AREA	01	MOST DAMAGED AREA	05

VEHICLE 1				VEHICLE 2			
1	2	3	4	1	2	3	4
4				4			

VEHICLE 1				VEHICLE 2			
1	2	3	4	1	2	3	4
2				2			

ALCOHOL TESTING				ALCOHOL/DRUGS SUSPECTED			
Driver No. 1	Driver No. 2	Pedestrian		Driver No. 1	Driver No. 2		
Y	Y	Y		1	1		
N	X	N					

1	2	3	4	5	6	7	8	9
1	2	3	4	5	6	7	8	9

OFFICER NO. 1536	TROOP/TEAM/BEAT 8	DEPARTMENT Lincoln Police Department	Photographs taken? YES NO
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INVESTIGATOR NAME (Print or Type) Shane Winterbauer	INVESTIGATOR SIGNATURE Approved by Officer Shane Winterbauer	DATE OF REPORT 11/17/2015
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